

Case Number:	CM13-0039204		
Date Assigned:	02/03/2014	Date of Injury:	10/08/2011
Decision Date:	04/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Preventive Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female claimant sustained an injury on 10/8/11 resulting in a lower back injury from a fall. An MRI on 4/7/12 indicated disc bulging of the L4-L5 region. She had received epidural steroid injections as well as analgesics. An examination report on 9/11/13 noted paralumbar tenderness, pain radiation to the buttocks and reduced range of motion of the lumbar spine. A request was made for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LOWER BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES : PHYSICAL MEDICINE AND ODG LOW BACK (UPDATED 5/10/13) PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Based on the guidelines above, the 12 sessions are beyond the limit of the guidelines above. In addition, the response to therapy is not known over the immediate course.

Furthermore the ACOEM guidelines recommend therapy for education of home exercises. The 12 sessions of PT are not medically necessary.